


REGULATION 28: REPORT TO PREVENT FUTURE DEATHS

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO: Stockport Clinical Commissioning Group.</p>
1	<p>CORONER</p> <p>I am Alison Mutch, Senior Coroner, for the Coroner Area of Greater Manchester South.</p>
2	<p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p>
3	<p>INVESTIGATION and INQUEST</p> <p>On 26th October 2020 I commenced an investigation into the death of Steven Allen. The investigation concluded on the 24th May 2021 and the conclusion was one of drug related death. The medical cause of death was combined drug toxicity.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>On 25th October 2020 Steven Terence Allen was found unresponsive at his home address, 26 Dunton Towers. Police investigation found no suspicious circumstances and no evidence of third party involvement in his death. Post mortem examination included toxicology. Toxicology found that he had a fatal level of prescribed medication in his system.</p>
5	<p><u>CORONER'S CONCERNS</u></p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows. –</p> <p>The inquest heard evidence that he had a chaotic lifestyle and a history of drug addiction. He was in significant pain and was prescribed medication to manage his pain including oxycodone. He was prescribed this and additional medications although there was a history of addiction, self-harm and poor use of prescribed and illicit substances. Prescribing of these medications was done through telephone consultations due to Covid 19 and on occasion additional replacement prescriptions were given with little challenge.</p>
6	<p>ACTION SHOULD BE TAKEN</p>

	In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 28/07/2021. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons namely Mr John Allen (family of the deceased), who may find it useful or of interest.</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p>Dated: 02/06/2021</p> <p>Signature: </p> <p>Alison Mutch HM Senior Coroner South Manchester</p>